

City of Fort Lauderdale

Finance Department-Utility Billing & Collections Office 100 North Andrews Avenue, Fort Lauderdale, Florida 33301 Telephone (954) 828-5150 • Fax (954) 828-5880

Website: www.ebiz.fortlauderdale.gov/utilitybilling Office Hours: 8:00 AM- 4:30 PM Monday-Friday

UTILITY SERVICES APPLICATION

INSTRUCTIONS: Please print clearly and complete all sections of the form that apply to you. Submit completed application, documentation and required deposit in person to the above address. If you are the homeowner, you do not have to complete this form. Just present your settlement statement to Representative in the office.

Check one: Tenant \square	Realtor or Property Manager
Name on Account:	
	Work Phone/Ext:
Cell Phone:	Other:
E-mail Address:	
*Social Security # *Note: The City of Fort Lauderdale c verification purposes only	*Tax ID# (Business accounts only)ollects your social security or tax identification number for identification and
Driver's License State:	Number:
Do you currently have utility se	ce with the City of Fort Lauderdale? Yes \(\square\) No \(\square\) ervice with the City of Fort Lauderdale? Yes \(\square\) No \(\square\) ddresses:
Service Address	
Street:	Unit # (if any)
	Zip Code:
Mailing Address (If different f	rom Service Address)
In care of:	
Street:	Unit # (if any)
City:	Zip Code:
	property: property management agreement. Rental: Effective lease date)
Date service(s) needed:	
If a rental property, please mark (If unsure, please check with yo Water Sewer Sanita	

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APPLICANT AGREEMENT- Applicants must read and sign. All signatures must be notarized.

I agree that the information on this form that I have provided is true, complete and accurate. I understand that I will be billed for all utility services charges at the above address until such time that services are discontinued. I am responsible for paying for the utility services. Date: Signature of Applicant Print Name THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC STATE OF: ______COUNTY OF: _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20___, by _______, who is personally known to me or who has produced _____ as identification. The applicant, whose signature appears above, affirms that the foregoing is true and accurate to the best of his or her knowledge. Signature of Notary Public My commission expires: LANDLORD VERIFICATION declare that the I (print name), _____ foregoing is true and correct. I am the owner/agent for the property located at (address) I am completing this application on behalf of the above listed tenant(s). Signature: ______Date: Phone No: Mailing Address: City: ____ Zip Code: ____ THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC STATE OF: ______COUNTY OF: _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20___, by ______, who is personally known to me or who has as identification. **The landlord**. produced whose signature appears above, affirms that the foregoing is true and accurate to the best of his or her knowledge. Signature of Notary Public My commission expires:

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